

Town of Stoneham
Board of Selectmen/Town Administrator
Application to Committee

Date: _____

Name _____

Address: _____

Occupation: _____

Length of residence in Stoneham: _____

Committee applying for: _____

Time available to serve on Committee: _____

Educational background: _____

Please note below any background or experience that can contribute to your duties on this committee if appointed.

List of Committees presently serving on, or having serves on in the past.

I will read a copy of the Massachusetts General Laws Chapter 268A "Conflict of Interest": provided by the Town Clerk, if appointed, and to the best of my ability agree to abide by the provisions of the statute.

Signature

Address

Telephone Number